



Georgia Mountains Regional Commission Workforce Development

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Welcome to the Georgia Mountains Workforce Development (GMWD) Area program. The Workforce Investment Act (WIA) program assists customers who need training to become re-employed in today's workforce. Due to corporate downsizing, business relocation or life changes, the doors to your employer may have closed but many new doors may be opening.

To begin the application process for the WIA program, we ask that you read and complete the following documents thoroughly. Once all of the documents pertaining to you are completed, please **FORWARD YOUR APPLICATION PACKET BY FAX, MAIL, OR E-MAIL TO OUR OFFICE.**

After review, a staff member will contact you to ask for additional information and/or arrange an appointment for orientation.

AS OF TUESDAY, APRIL 1, 2014, GMWD NO LONGER ACCEPTS HAND DELIVERED APPLICATIONS.

An application for the WIA program **does not create entitlement** to services, and nothing in the Act shall be construed to establish a right of action for an individual to obtain services under WIA. The program is based on eligibility, suitability, individual customer needs, and funding availability.

You must have your GMWD application and complete and correct documentation submitted no later than 6 PM (end of the business day) on July 1, 2015 to be considered for GMWD assistance with tuition, required books and supplies for Fall Semester 2015.

Intake Information Checklist

1. _____ Register for Workforce Development Services by going to www.workreadyga.org
2. _____ Completed Application (ALL PAGES AND AREAS MUST BE COMPLETE)
 - a. _____ Career Choice Research Worksheet (CCRW) along with at least **five (5)** complete program related job postings **printed off and enclosed** – enclosed with application packet
 - b. _____ O'NET Assessment – www.mynextmove.org Please enclose **ALL PAGES** with application
 - c. _____ Rand McNally printout with mileage from your home to the school you wish to attend – <http://maps.randmcnally.com/mileage-calculator.do>
3. _____ Copy of birth certificate(s) for child(ren) needing childcare; if applicable
WE DO NOT NEED YOUR BIRTH CERTIFICATE, JUST APPLICABLE CHILD(REN)'S
4. _____ Apply to DFCS for childcare (CAPS). Please provide a printout from your COMPASS account or copy of statement from DFCS Office; if applicable. <http://dfcs.dhs.georgia.gov/how-apply-caps-program>
5. _____ Clear Copy of Social Security Card – **LEGAL NAMES MUST MATCH**
6. _____ Clear Copy of Driver's License – **LEGAL NAMES MUST MATCH**
7. _____ If applicable, Clear Copy of Permanent Resident Card – **LEGAL NAMES MUST MATCH**
8. _____ Copy of Selective Service Registration, if you are a male born on or after 01/01/1960 (www.sss.gov)
9. _____ Affidavit of Citizenship (Applicant Status Affidavit); signed and notarized– **MUST BE ORIGINAL; we will not accept a Fax or Email copy or a copy of the original**
10. _____ Copy of DD-214, if you are a Veteran
11. _____ Copy of Separation Notice (if you are unemployed)
12. _____ Copy of Unemployment Insurance Claims Examiner's Determination Letter (if you are unemployed)
13. _____ Register for Employment Services (ES) at your local GDOL Unemployment Office Career Center.
Obtain the following printouts from the Georgia Department of Labor (GDOL) Career Center Office:
_____ Wage Inquiry or WG15 _____ Customer Information Inquiry or ES Registration
_____ Customer Work History Inquiry Listing _____ Customer Services Inquiry or LA21
14. _____ If applicable, ANY AND ALL **ORIGINAL OFFICIAL** post-secondary education transcripts – **DO NOT INCLUDE HIGH SCHOOL OR GED – we will not accept a Fax or Email copy or a Copy of the original.** We will accept email directly from the School to our office.
15. _____ If applicable, food stamp determination – MUST reflect ALL household members names **AND** amount receiving – may use COMPASS account information, if available
16. _____ Financial Aid Verification form (except truck drivers, forklift certification and Continuing Education programs)
17. _____ Copy of acceptance letter stating chosen program of study and in-state resident (excluding Continuing Ed. Programs)
18. _____ Copy of program of study outline listing required courses
19. _____ Signed copy of the Rights Statement (ALL 3 PAGES)

FYI – Case Manager may require a background check and drug screen; depending on your program of study.

Please feel free to contact the office if you have questions or concerns. Additional information is also available on our website at www.gmrc.ga.gov